

# Festival of Feet

(Kids 1 mile Fun Run & 5K)

**April 29, 2017**

**Kids Run starts @ 7:30 am & 5K starts @ 8:00 am**

Benefitting the **Bowling Green Playground & The Virginia State Police  
Association Emergency Relief Fund In Memory of First Sergeant Mark Haygood**

**PACKET PICK UP** at the Bowling Green Playground Pavilion on Butler Street (next to Bowling Green Town Hall) on Friday, April 28<sup>th</sup> from 4 – 6 pm and Saturday, April 29<sup>th</sup> from 6:30 to 7:45 am

**Start & Finish** at the Bowling Green Playground. Strollers welcome. No pets!

Please complete the following application and mail it with your check to: **Sparta Ruritan Club, 18132 Harding Drive, Bowling Green, VA 22427**  
**Questions: Robin Didlake rcdidlake@gmail.com**

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**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_ **Zip** \_\_\_\_\_ **email** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEX (CIRCLE ONE) M F**

**If you are a student, which school do you attend?** \_\_\_\_\_

**Are you a member of your school's run club? Yes No**

**RACE ENTERED (CIRCLE ONE) 5K Kids Run**

**SHIRT SIZE (CIRCLE ONE) YS YM YL AS AM AL AXL A2XL A3XL**

**(\$10) \*\*\*PLEASE NOTE\*\*\* NO SHIRT IS GUARANTEED FOR ENTRIES RECEIVED AFTER APRIL 21, 2017.**

**ENTRY FEES:**

Kids Run: \$10	5k: \$25	\$ ____
T-shirt \$10		\$ ____
	<b>Total</b>	<b>\$ ____</b>

Checks payable to Sparta Ruritan Club

## **PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW**

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

**Signature** (parent or guardian required if under 18) \_\_\_\_\_ **Date** \_\_\_\_\_